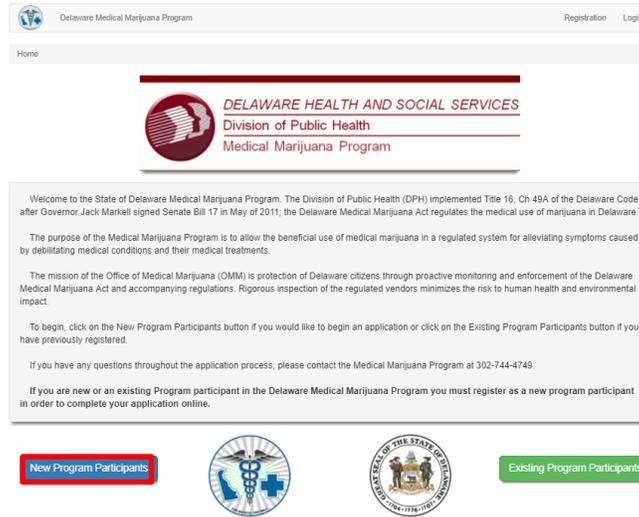


DE Medical Marijuana Physician Manual

Registration: <https://delaware.biotrackthc.net/patients/actions/>

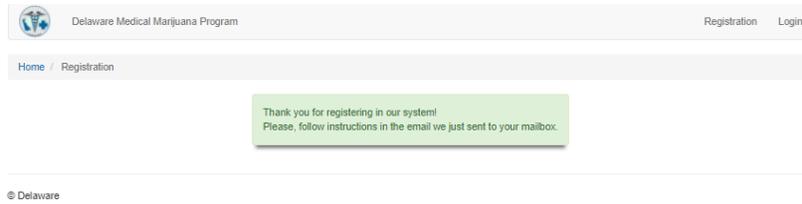
Before system use, the physician must register in the system. To begin registration navigate to the patient portal and click on 'New Program Participants'.



The registration screen is displayed. On the registration screen input the First Name, Last Name, Email Address, Password and Password confirmation into the provided fields. Verify the information entered is accurate and click 'Submit' to complete the registration.

The screenshot shows the registration form on the Delaware Medical Marijuana Program website. The form is titled 'Registration' and is located on the 'Registration' page. The form fields are: '* First Name' (Test), '* Last Name' (Doctor), '* Email' (testdoctor@gmail.com), '* Password' (with a 'Generate' button and a masked field), and '* Password confirmation' (with a masked field). A red box highlights the form fields. Below the form is a 'Submit' button. The page header includes 'Delaware Medical Marijuana Program' and 'Registration' and 'Login' links. The page footer includes '© Delaware'.

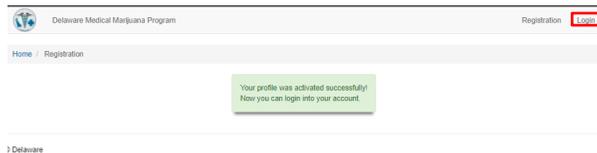
Once the registration is submitted successfully the following screen appears.



Next, navigate to your email inbox and click the link in the confirmation email to confirm registration.

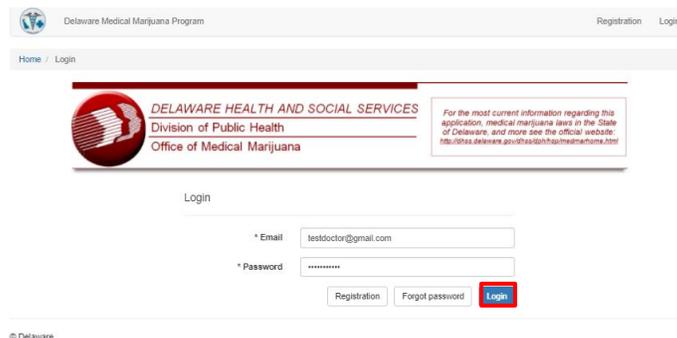


The confirmation message shown below confirms the registration. Click on 'Login' to return to the login screen and login to the system.



Logging into the System

On the login screen input the email and password set up during system registration and click 'Login'



Physician Application

To access the physician application, navigate to [Applications> Physician Application](#)

[Home](#) / [Applications](#) / [Physician Application](#)

Physician Application


AS7GWK5432

 Renewal  Replace

Physician Information

Last Name	<input type="text"/>	First Name	<input type="text"/>	Middle Name	<input type="text"/>
Address (Street)	<input type="text"/>			Address (Apt #, P.O. Box, Suit #)	<input type="text"/>
County	<input type="text"/>	State	<input type="text"/>		
City	<input type="text"/>	ZIP Code	<input type="text"/>		
Primary Phone	<input type="text"/>	Fax	<input type="text"/>	Email Address	<input type="text"/>
Medical License Number	<input type="text"/>	License State <small>(Must be licensed in Delaware)</small>	<input type="text"/>	License Type <small>(Must be DO or MD)</small>	<input type="text"/>
Pediatric Specialty	<small>At least one option should be filled</small>				
	<input type="checkbox"/> Pediatric Neurologist	<input type="checkbox"/> Pediatric Gastroenterologist			
	<input type="checkbox"/> Pediatric Oncologist	<input type="checkbox"/> Pediatric Palliative Care Specialist			
Medical Specialty	<input type="text"/>				



Fill in the following fields:

- Last Name – Enter the physician’s last name
- First Name – Enter the physician’s first name
- Suffix – Enter the physician’s middle name (optional)
- Enter the physician’s full address including county into the provided fields
- Primary Phone – Enter the primary phone number for the physician
- Fax – Enter the Fax number for the physician
- Email Address – Enter the physician’s email address
- Medical License number – Enter the physician’s Medical License number
- Select the physician’s License State
- Select the physician’s License Type
- Select the physician’s Pediatric and medical specialty’s

Click ‘Save’ to save and submit the application

After the application is successfully submitted it cannot be modified and will become grayed out:

Application Filing Percentage: 100%

Your application complete and submitted to the Office of Medical Marijuana

This Application is being processed and can not be updated at the moment. Please, check Application Status at Own Applications

Physician Application AS7GWK5432

[Renewal](#) [Profile](#)

Physician Information

Last Name: Example First Name: Doctor Middle Name:

Address (Street): 123 4th St Address (Appt #, P.O. Box, Gulf #):

County: New Castle State: Delaware

City: Delaware City ZIP Code: 12345

Primary Phone: (303) 555-5555 Fax: (303) 555-6666 Email Address:

Medical License Number: 759101112 License State: Delaware License Type:

Pediatric Specialty: Pediatric Neurologist Pediatric Gastroenterologist
 Pediatric Oncologist Pediatric Palliative Care Specialist

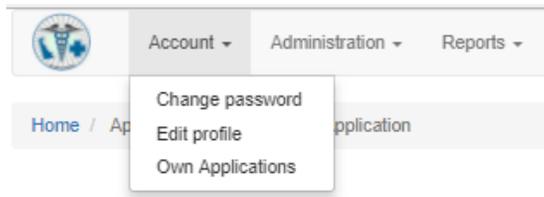
Medical Specialty: Pediatrics

[Submit](#)

The physician will receive an email once the application is approved or if more information is needed for the application. Check the status of the application under the Own Applications section, which is detailed below.

Own Applications

To access and modify applications related to your user account navigate to [Account > Own Applications](#)



This screen is used to access and view the status of applications submitted by your account. The status of the application is shown in the yellow flag and there are several options that can be used to view, replace or renew the license on this screen.

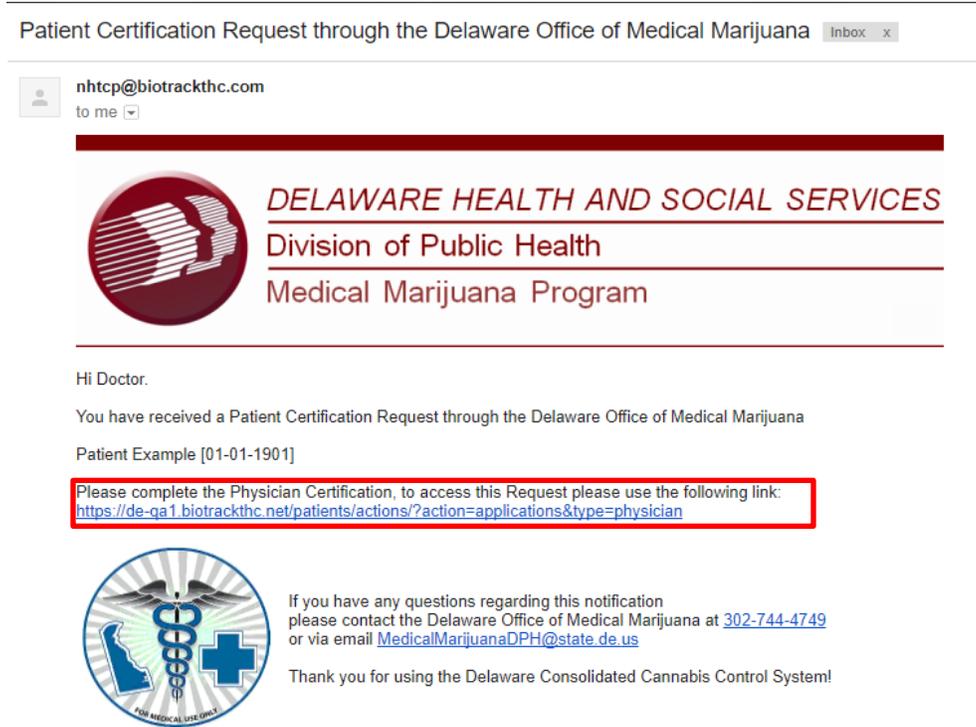
[Home](#) / [Account](#) / [Own Applications](#)

Own Applications

Barcode	Application	Percentage	Expiration Date	Action
AS7GWK5432	Issued Physician Application	100%		Preview Renewal Replace

Patient Application Review/Certification

Applications must be reviewed and certified by the physician before they can be submitted for review by the Delaware Office of Medical Marijuana. When a patient application is created with a registered physician assigned the physician will receive an email to the address provided similar to the one shown below. Click on the certification link in the email message to navigate to the certification page.



Scroll down to view the patient and pediatric applications assigned to the physician. Click the green + sign next to an application to view details of the application

Patients Applications

Pending

0% Patient Example 01-01-1901

Pediatrics Applications

message below appears in the upper left. If the application is for a pediatric patient use the Pediatrics Applications section instead of the Patient Application.

✓ **Success!** Your request was successfully submitted! ✕

If you have any questions about the online system please contact the Office of Medical Marijuana at 302-744-4749.